

Attorney's Docket No. 5577-314/RSW920000069US1

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re: Hind *et al.*

Serial No.: 09/652,056

Filed: August 31, 2000

For: **MACHINE-ORIENTED EXTENSIBLE DOCUMENT REPRESENTATION AND
INTERCHANGE NOTATION**

Confirmation No.: 2975

Group No.: 2176

Examiner: Nathan Hillery


Date: January 5, 2005

Mail Stop AF

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

**CERTIFICATION OF FACSIMILE TRANSMISSION
UNDER 37 CFR § 1.8**I hereby certify that this correspondence is being transmitted
by facsimile to the U.S. Patent and Trademark Office on
January 05, 2005 via facsimile number 703-872-9306.
Rosa Lee Brinson**AMENDMENT AFTER FINAL**

Sir:

Applicants provide the present Amendment to address the issues raised in the Advisory
Action mailed November 9, 2004.Amendments to the Claims are reflected in the listing of claims, which begins on
page 2 of this paper.

Remarks/Arguments begin on page 10 of this paper.

01/26/2005 SCHAPMAN 00000001 090461 09652056

PATENT APPLICATION FEE DETERMINATION RECORD Effective December 29, 1999

Application or Docket Number

09
10022586

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE		
TOTAL CLAIMS	44 minus 20 =	24
INDEPENDENT CLAIMS	12 minus 3 =	9
MULTIPLE DEPENDENT CLAIM PRESENT		

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

5-1-04

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	44	44	1
Independent	12	12	1
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			

10-4-04

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	34	44	1
Independent	10	12	1
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			

1-5-05

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	23	44	1
Independent	7	12	1
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			

- * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
- ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
- *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

SMALL ENTITY TYPE ☐ OR OTHER THAN SMALL ENTITY

RATE	FEE	OR	RATE	FEE
	345.00			690.00
X\$ 9=		OR	X\$18=	450
X39=		OR	X78=	120
+130=		OR	+260=	
TOTAL		OR	TOTAL	180

SMALL ENTITY OR OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE	OR	RATE	ADDITIONAL FEE
X\$ 9=		OR	X\$18=	
X39=		OR	X78=	
+130=		OR	+260=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE	OR	RATE	ADDITIONAL FEE
X\$ 9=		OR	X\$18=	
X39=		OR	X78=	
+130=		OR	+260=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE	OR	RATE	ADDITIONAL FEE
X\$ 9=		OR	X\$18=	
X39=		OR	X78=	
+130=		OR	+260=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	